

(12-30)

ARIZONA STATE BOARD OF HEALTH

(This return should preferably be made
by the person who made the original)

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Miami County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male			

I HEREBY CERTIFY that the child described herein
has been named

DATE OF BIRTH* October 18 1916
(Month) (Day) (Year)

Gilbert Compos
(Give name in full) (Surname)

FULL NAME FATHER
Francisco Compos

Felicitas Compos Yancy
(Parent's Signature)

FULL MAIDEN NAME MOTHER
Felicitas Sanchez

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
5M 5/20/41

732-1018-629